



PATENT  
Attorney Docket No. ASX-015C4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Smith et al.  
SERIAL NO.: 10/689,165 GROUP NO.: 2821  
FILING DATE: October 20, 2003 EXAMINER: Not yet assigned  
TITLE: TOROIDAL LOW-FIELD REACTIVE GAS SOURCE

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 27th day of January, 2004.

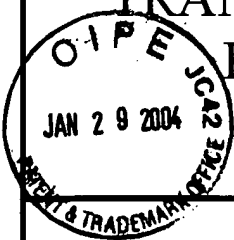
*Olivia J. Mannion*  
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Commissioner for Patents  
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Sir:

Submitted herewith are: Transmittal Form (1 page); Supplemental Application Data Sheet (4 pages); and a return receipt postcard.

# TRANSMITTAL FORM



Application Serial Number	10/689,165
Filing Date	October 20, 2003
First Named Inventor	Smith
Group Art Unit	2821
Examiner Name	Not yet assigned
Attorney Docket No.	ASX-015C4
Patent No.	Not applicable
Issue Date	Not applicable

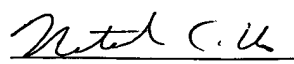
## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form  <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]  <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance  <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) 1) Supplemental Application Data Sheet
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## CORRESPONDENCE ADDRESS

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## SUPPLEMENTAL APPLICATION DATA SHEET

### Application Information

Application Number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?:: None  
Number of CD Disks:: 0  
Number of Copies of CDs:: 0  
Sequence Submission?:: No  
Computer Readable Form (CRF)?:: No  
Number of Copies of CRF:: 0  
Title:: Toroidal Low-Field Reactive Gas  
Source  
Attorney Docket Number:: ASX-015C4  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 6  
Small Entity?:: No  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### Applicant Information

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Postal or Zip Code of Mailing Address:: 02021

#### **Correspondence Information**

Correspondence Customer Number:: 021323

#### **Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation	10/143,070	05/10/2002
10/143,070	Continuation	09/659,881	09/12/2000
09/659,881	Continuation	08/883,281	06/26/1997

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

**Assignee Information**

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